FILED FILE NOW: FILING FEE IS \$61.25 NONPROFIT May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sendra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # N00107 (5) STATE OF FLORIDA BOARD OF LOCKSMITHS, INC. Principal Place of Business Mailing Address CAO-BARL M MAUCDIN DR. ROUTE 2 BOX 103W 3. Date Incorporated or Qualified ROUTE 2 BOX 100W-12/01/1983 FREEPORT FL 32439 4. FEI Number 59-2518990 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 400 W ComsTock AVE Ga B 394 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing WINTE П Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? WINTER Yes 🖾 No 32790 Country 8. This corporation owes or has paid the current year intangible 89 25 ORANGO 29 325 9 9. Name and Address of Cufrent Registered Agent ORANGE 24 Personal Property Tax due June 30. ☐ Yes Name and Address of New Registered Agent Name MAULDIN; CARL M. JR. 82 Street Address (P.O. Box Number is Not Acceptable ROUTE 2 BOX 103W BAYOU ROAD 83 FREEPORT FL 32439 84 WINTER 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

B. Guy Ellis 30 T-D B. Guy Ellis 30 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.5 TITLE Change MAULDIN, CARL-M. JR. NAME 1.2 NAME RT. 2 DOX 100W STREET ADDRESS 1.3 STREET ADDRESS -PREEPORT-PL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE DAVIS, GILLUN C. JR. NAME 2.2 NAME 3208 W TENNESSEE ST STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE TITLE 3.1 TITLE REYNOLDS, KATHLEEN E. NAME 3.2 NAME

2637 SO ELM AVE

ELLIS, B GUY JR

WINTER PARK FL

DAVIS, BONNIE C

TALLAHASSEE FL

400 W COMSTOCK AVE

3208 W TENNESSEE STR

SANFORD FL

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NALAF

Applied For

Not Applicable

■ Addition

Addition

Addition

Addition

Addition

Addition

Change

☐ Change

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appear with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE